

SAMPLE RESOLUTION INSTRUCTIONS/CHECKLIST

The Resolution accompanying an application for the Emergency Housing and Assistance Program (EHAP) must include the information contained in the Sample Resolution. Please confirm the following requirements have been met:

- The Sample Resolution language and format (see Sample Resolution next page) has been used and retyped on your organization's letterhead (**Do not use the Sample Resolution page**).
- The name of the applicant organization that is listed on the Resolution must match the organization name that appears on the Articles of Incorporation filed with the Secretary of State. Be consistent throughout the Resolution to use the exact name. **Do not include DBAs or names of project sites or programs.**
- The Resolution shows the date of the board action to approve the Resolution. For organizations in Non-Designated Local Board (DLB) counties this board action must occur after September 12, 2003 and on or before November 13, 2003. For organizations in DLB counties the resolution must be executed after the date the NOFA was issued and before the application deadline.
- The title/office of the person authorized to sign the Standard Agreement (and not the specific person's name) was included.
- The vote tally section has been fully completed, including noting the number of Ayes, Noes, Abstentions and Absentees.
- The Approving Officer, who signs the Resolution, cannot be the Authorized Officer named to sign the EHAP Application and the EHAP Standard Agreement.
- The "Approving Officer" and the "Attest" lines have been signed and the required titles/names have been printed below the signatures.

Please make sure the Resolution has been prepared using the Sample Resolution format. In past years, approximately 25% of the Resolutions contained errors or omissions. Following up with grantees to obtain corrected Resolutions is extremely time consuming and causes delays in executing Standard Agreements.

If you have any questions regarding the required Resolution, please call the EHAP staff at (916) 445-0845 or e-mail bstolk@hcd.ca.gov. If you would like the Sample Resolution sent to you by e-mail or on disk, please contact Barbara Stolk at the above phone number or e-mail address.

SAMPLE RESOLUTION

RESOLUTION

WHEREAS:

- A. The State of California, Department of Housing and Community Development, Division of Community Affairs, issued a Notice of Funding Availability (NOFA) for the Emergency Housing and Assistance Program (EHAP) (Round #EHAP-____); and
- B. [_____] is a nonprofit corporation or local
(Insert Name of Application Organization)
government agency that is eligible and wishes to apply for and receive an EHAP grant;

NOW THEREFORE BE IT RESOLVED THAT:

1. The Board of Directors of [_____] hereby authorizes
(Insert Name of Applicant Organization)
[_____] to apply for an EHAP grant in an amount not more than the
(Insert Title of Authorized Person/Officer)
maximum amount permitted by the NOFA, and in accordance with the program statute, Regulations, and Local Emergency Shelter Strategy, where applicable.
2. If the grant application authorized by this Resolution is approved, the [_____]
(Insert Name of Applicant Organization)
hereby agrees to use the EHAP funds for eligible activities in the manner presented in the application as approved by the Department and in accordance with the program statute (Health and Safety Code Section 50800 – 50806.5) and Regulations (Title 25, Division 1, Chapter 7, Subchapter 12, Sections 7950 through 7976 of the California Code of Regulations); (Chapter 157, Statutes of 2003), and the Standard Agreement.
3. If the grant application authorized by this Resolution is approved, [_____]
(Insert Title of Authorized Person/Officer)
is authorized to sign the Standard Agreement and any subsequent amendments with the Department for the purposes of this grant. (Remember to use only the title of the person in case of staff/board turnover. Delays caused by naming individuals may jeopardize your grant.)

PASSED AND ADOPTED at a regular meeting of the [_____]
(Insert Name of Applicant Organization)
this ____ day of _____, 200__ by the following vote:

AYES: _____

ABSTENTIONS: _____

NOES: _____

ABSENT: _____

Signature of Approving Officer

Printed Name and Title of Approving Officer

ATTEST: _____

Signature and Title